Edgar Filing: Brown Celia - Form 4

Form 4											
December 19, 2	2017										
FORM	4									PPROVAL	
	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287				
Check this b if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (SECURITIES								Expires: January 20 Estimated average burden hours per response		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of Section 17(a) of the Public Utility Holding Company Act of 1935 30(h) of the Investment Company Act of 1940						f 1935 or Sectio	n				
(Print or Type Res	sponses)										
1. Name and Address of Reporting Person <u>*</u> Brown Celia			2. Issuer Name and Ticker or Trading Symbol 1 800 FLOWERS COM INC				g	5. Relationship of Reporting Person(s) to Issuer			
			[FLWS]					(Check all applicable)			
(Mor			(Month/Da	. Date of Earliest Transaction Month/Day/Year) 2/11/2017				X_ Director 10% Owner Officer (give title Other (specify below) below)			
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CARLE PLAC	CE, NY 11514							Form filed by M Person	More than One Ro	eporting	
(City)	(State) ((Zip)	Table	e I - Non-De	erivative S	Securi	ties Aco	quired, Disposed o	f, or Beneficia	lly Owned	
	urity(Month/Day/Year)Execution Date, iftr. 3)any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			SecuritiesIBeneficially0OwnedIFollowing0ReportedTransaction(s)	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Class A				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Class A Common Stock	12/11/2017			А	4,186	A	\$ 0 (1)	7,024	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	s	Relationships						
	Director	10% Owner	Officer	Other				
Brown Celia ONE OLD COUNTRY ROAI SUITE 500 CARLE PLACE, NY 11514) X							
Signatures								
/s/Celia Brown 1	2/19/2017							
<pre>**Signature of Reporting Person</pre>	Date							

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The Restricted Shares were issued under Ms. Brown's compensation package as a Director of the Company. Each non-employee Director
 (1) of the Company receives on the date of the Annual Shareholder Meeting shares of Class A Common Stock valued at \$45,000 based on the closing price of the stock on the day of the annual meeting of the stockholders and vest on the first anniversary of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.